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STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

387

State File No. _____

Registrar's No. 2108

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (c) Location GOOD SAM. HOSP.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution NONE; In Community NONE; In Arizona NONE
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ARIZONA (b) County MARICOPA (c) City or Town PHOENIX
(If outside city limits also write RURAL)

(d) Street No. 3000 W. VAN BUREN (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____

3. (a) FULL NAME FRANK WHITE (b) If veteran name was NONE (c) Social Security No. NONE

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced SINGLE

6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased NOV. 29, 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day
hrs 0 min 0

9. Birthplace PHOENIX, MARICOPA, ARIZONA
(City, town or county) (State or Country)

10. Usual Occupation NONE

11. Industry or Business NONE

Father { 12. Name COY CURTIS WHITE
13. Birthplace OKLAHOMA
(City, town or county) (State or Country)

Mother { 14. Maiden Name DELAS PETERSON
15. Birthplace IDAHO
(City, town or county) (State or Country)

16. (a) Informant's own signature COY CURTIS WHITE
(b) Address 3000 W. VAN BUREN, PHOENIX, ARIZONA

17. (a) Burial, Cremation or Removal BURIAL

(b) Place GREENWOOD, PHOENIX Date DEC. 1, 1947

18. (a) Embalmer's Signature L. M. Clements 226R

(b) Funeral Director A. L. MOORE & SONS

(c) Address 333 W. ADAMS, PHOENIX, ARIZONA

19. (a) DEC 2 1947
(Date received Local Registrar)

(b) M. L. Deputy
(Registrar's Signature)

40M-100% Rag-1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) NOV. 29, 1947, 19____
TIME (Hour and minute) 1:15 PM M.

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Intra uterine death

Due Cause undetermined

Due to _____

Other conditions _____
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] M. D. [Signature]
Address [Signature] Date signed 12/1/47